

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep										
Total Depend										
Total Claims										

* May be used for additional claims or amendments